10/043/90

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10043180

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |                                  |               |                      | (Column 2)                       |                  |    | SMALL ENTITY TYPE   |                          | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|--|----------------------------------|---------------|----------------------|----------------------------------|------------------|----|---------------------|--------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |                                  | 22            |                      |                                  |                  |    | RATE                | FEE                      |                               | RATE                | FEE                    |
| FOR   |  |                                  | NUMBER FILED  |                      | NUMBER EXTRA                     |                  |    | BASIC FEE           | 370.00                   | OR                            | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | 22_minus 20=  |                      | * 7_                             |                  |    | X\$ 9=              |                          | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |                                  | 2 - minus 3 = |                      | * —                              |                  |    | X42=                |                          | OR                            | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                                  |               |                      |                                  |                  |    | +140=               |                          | OR                            | +280=               |                        |
| * If the difference in column 1 is less than zero, enter  |  |                                  |               |                      | r "0" in c                       | olumn 2          |    | TOTAL               | 47.                      | OR                            | TOTAL               | 776                    |
| CLAIMS AS AMENDED - PAR' (Column 1) (Colum  |  |                                  |               |                      |                                  | (Column 3)       |    | SMALL               | ENTITY                   | OR                            | OTHER<br>SMALL      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER     |               | HIGH<br>NUM<br>PREVI |                                  | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE ) |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | AMENDMENT<br>*                   | Minus         | <b>*</b>             | 3                                | =                |    | X\$ 9=              |                          | OR                            | X\$18=              | ·                      |
|   | Independent                                    | * 3                              | Minus         | ***                  | 2                                | = /              |    | X42=                |                          | OR                            | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF M                     | JLTIPLE DEI   | PENDEN               | TCLAIM                           |                  | J  | +140=               |                          | OR                            | +280=/              |                        |
|   |  |                                  |               |                      |                                  |                  |    |                     | /                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                       |               | (Colu                | mn 2)                            | (Column 3        | 1  | ADDIT. FEE          |                          |                               | ADDIT. I CL         |                        |
| AMENDMENT 8   |  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>O FOR  | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE   |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                | Minus         | **                   |                                  | =                |    | X\$ 9=              |                          | OR                            | X\$18=              |                        |
| MEN   | Independent                                    | *                                | Minus         | ***                  |                                  | ]=               |    | X42=                |                          | OR                            | X84=                |                        |
| <   | FIRST PRESE                                    | NTATION OF M                     | ULTIPLE DE    | PENDEN               | T CLAIM                          |                  |    | +140=               |                          | OR                            | +280=               |                        |
|   |  |                                  |               |                      |                                  |                  |    | TOTAL<br>ADDIT. FEE |                          | OR                            | TOTAL<br>ADDIT, FEE |                        |
|   |  | (Column 1)                       |               | (Colu                | ımn 2)                           | (Column 3        | 3) |                     |                          |                               |                     |                        |
| AMENDMENT C   | the it   | CLAIMS REMAINING AFTER AMENDMENT |               | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE   |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                | Minus         | 44                   |                                  | =                |    | X\$ 9=              |                          | OR                            | X\$18=              |                        |
|   | Independent                                    | *                                | Minus         | ***                  |                                  |                  |    | X42=                |                          | OR                            | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |               |                      |                                  |                  |    | +140=               |                          | OR                            | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **TOTAL ADDIT FEE   |  |                                  |               |                      |                                  |                  |    |                     |                          | OR                            | TOTA                |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                  |               |                      |                                  |                  |    |                     |                          |                               |                     |                        |